

## **Visit To Thailand District Health System**

### **I . Main Objective of visit:**

1. To understand the organization of universal health care at the district CUP ( contracting unit for primary care)
2. To understand how health service is delivered as an entitlement- as a right....
3. To understand the financing of the Thailand health system-
4. To understand how the different building blocks of the health systems have been strengthened so as to deliver UHC. These will include understanding:
  - a. How services are organized- at district and at HPH and at community level-
  - b. Issues of human resources- the numbers and the performance
  - c. How medicines are procured, distributed and dispensed
  - d. How digitization has proceeded and health information is available.
  - e. How the finances are allocated to district and to HPH.
  - f. How the community engagement/participation is achieved
  - g. How are local bodies engaged with?

### **2. Check-List for District Public Health Office:**

1. What is District Population?
2. What are the number of facilities that serve this population- HPH, DH, others
3. What are the different schemes they are served by? How does the CSMBS and SSS relate to the CUP?
4. What is the UC scheme?
5. How is financing done under the UC scheme?
6. What is the public health information available for planning- how is it collected- how does it flow? How is it analysed and used?

### **3. Check List at Health Promoting Hospital**

- a. What is the population that this HPH serves? How do you ensure registration of all persons? Are there choices
- b. What are the services available at the HPH- and how are they organized? Who makes the diagnosis and treatment plan for chronic diseases?
- c. What are the staff in the HPH? Numbers- and what education/training do each have?
- d. How are patients referred to higher centers? For what? How is specialists/ family medicine/ medical consultations organized?
- e. What are the records that are maintained?
- f. What are the records that are digitized. Can they see the care that is given at DH or higher?
- g. Where does HPH get its medicines and diagnostics from. Do they run out of stock? If yes- how do they manage? If no- how is this assured.
- h. What happens when someone who is not of this area or does not have an ID comes? Are there such persons in this area?
- i. Do those registered under CSMBS and SSS also use these services? Which services
- j. What was the financial allocation last year?
- k. What was the expenditure last year?

- l. What are the formal and informal links with the community
- m. How are VHVs ( village health volunteers) coordinated with HPH.
- n. How are local bodies coordinated with HPH.
- o. Has compensation been paid under article 41- or any other clause in the last year-

#### **4. Check List for District Hospital**

##### **A, Service Delivery**

1. How many beds? How much bed occupancy?
2. What is daily Outpatient attendance
3. What are the range of services available here? How comprehensive are these?
4. How does a patient access health services- is there any payment? If so for what
5. How is referral to higher facilities organized
6. Are all people eligible for services- who gets ID card and who does not? What happens to those without an ID card?

##### **B. Human Resources**

1. How many staff- by broad categories- specialists, doctors, nurses
2. Are there any contractual staff?
3. Are these staff paid any performance-based incentives- are these in use anywhere?
4. What is QOF?
5. What do you think is the main motivation of staff to do well.
6. Is there any difficulty in getting specialists to work in DH
7. What ensures that their retention?

##### **C. Medicines and diagnostics?**

1. How are these procured and dispensed?
2. Are there any charges/fees that patients have to pay
3. Do you have a problem of running out of stocks/ out of budget- then what happens?
4. How do we prevent excessive or unnecessary use?

##### **D. Health Information**

1. Are patient records maintained? Can they be retrieved easily
2. What are the arrangements for privacy and security of data
3. Is there a hospital information system
4. What are the arrangements for seeing the records of patients referred from PHC and referred back to PHC – and for referrals to higher facilities and their feedback.

##### **E. Finances of the DH;**

1. What was the budget for previous year- how was it decided and allocated.
2. On what was the budget spent for the previous year? How does funds flow for salaries, infrastructure, medicines etc.
3. what is the budget for compensation under article 41- has there be any payments on this

**5. Questions with local bodies and with community**

- a. Peoples perception of health systems and health priorities
- b. The role and contribution and challenges faced by health volunteers
- c. What is the role local bodies play- and what is the finances they get and contribute
- d. Other questions that emerge as discussion proceeds.

**6. What we want to learn at NHSO office.**

1. How is UHC planned for- in terms of financial coverage. What is the total budget and what part goes to CSMBS, SSS and UC. What is the comparison between CSMBS, SSS and UC.
2. How is the budget for UC decided? The principles and mode of its estimation
3. How is the budget received for UC spent? – what activities does it go to?
4. How is the allocation made to district CUPs- what activities and the basis of decision
5. Extent of participation of the private sector- experiences and challenges in this regard.
6. What are the challenges faced in this mode of financing.
7. How does the health security act ensure the right to health? how has it enabled adequate financing and organization of services